

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

U.S. DISTRICT COURT
DOCUMENT
ELECTRONICALLY FILED
DOC #: _____
DATE FILED: **MAY 10 2018**

Jeffrey Lashley a.k.a. Willie Murray

(List the full name(s) of the plaintiff(s)/petitioner(s).)

-against-

Richard Caruther - District Administrator

Judge et al. et al.

(List the full name(s) of the defendant(s)/respondent(s).)

18 CV 2124 (C)(M)

NOTICE OF APPEAL

Notice is hereby given that the following parties:

Jeffrey Lashley

(list the names of all parties who are filing an appeal)

in the above-named case appeal to the United States Court of Appeals for the Second Circuit

from the judgment order entered on: April 17, 2018

(date that judgment or order was entered on docket)

that:

(If the appeal is from an order, provide a brief description above of the decision in the order.)

5/1/18

Dated

Willie Murray

Signature

Willie Murray

Name (Last, First, MI)

09-09 Haven St

Address

East Elmhurst, NY

City

11370

State

Zip Code

N/A

Telephone Number

N/A

E-mail Address (if available)

* Each party filing the appeal must date and sign the Notice of Appeal and provide his or her mailing address and telephone number, EXCEPT that a signer of a pro se notice of appeal may sign for his or her spouse and minor children if they are parties to the case. Fed. R. App. P. 3(c)(2). Attach additional sheets of paper as necessary.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Willie Murray a.k.a. Terry Cashay

18 CV 2124 (C)(M)

(List the full name(s) of the plaintiff(s)/petitioner(s).)

-against-

Richard D. Caruth - District

Administrative Judge et al.

(List the full name(s) of the defendant(s)/respondent(s).)

**MOTION FOR LEAVE TO
PROCEED IN FORMA
PAUPERIS ON APPEAL**

I move under Federal Rule of Appellate Procedure 24(a)(1) for leave to proceed *in forma pauperis* on appeal. This motion is supported by the attached affidavit.

5/1/2018

Dated

Willie Murray

Signature

Murray Willie

Name (Last, First, MI)

89-09 Haven St

Address

East Elmhurst

City

NY

State

11370

Zip Code

N/A

Telephone Number

N/A

E-mail Address (if available)

Application to Appeal In Forma Pauperis

Willie Murray v. *Richard D. Casper et al.*, Appeal No. _____

District Court or Agency No. _____

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: *Willie Murray*

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: *5/1/2018*

My issues on appeal are: (required): *Violation of my Constitutional rights, Bill of Rights and unalienable rights, Protected by 1938 New York Constitution and the Bill of Rights (Section 7) and the United States Constitution for America inclusive of the 13th Amendment with 20 sections (Circa 1865) has been violated.*

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0	\$ 0	\$ 0	\$ 0
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0

Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 0	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify):	\$ 0	\$ 0	\$ 0	\$ 0
Total monthly income:	\$ 0	\$ 0	\$ 0	\$ 0

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
N/A	N/A	Never worked	\$ N/A
N/A	N/A	Never worked	\$ N/A
N/A	N/A	Never worked	\$ N/A

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
N/A	N/A	N/A	\$ N/A
N/A	N/A	N/A	\$ N/A
N/A	N/A	N/A	\$ N/A

4. How much cash do you and your spouse have? \$ 0

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
N/A	N/A	\$ 0	\$ 0
N/A	N/A	\$ 0	\$ 0
N/A	N/A	\$ 0	\$ 0

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	Other real estate	Motor vehicle #1
(Value) \$	(Value) \$	(Value) \$ <u>0</u>
NO Home(s)	NONG	Make and year: NONG
		Model: NONG
		Registration #: NONG

Motor vehicle #2	Other assets	Other assets
(Value) \$ <u>0</u>	(Value) \$ <u>0</u>	(Value) \$ <u>0</u>
Make and year: N/A	N/A	N/A
Model: N/A	N/A	N/A
Registration #: N/A	N/A	N/A

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
No one	\$ 0	\$ 0
No one	\$ 0	\$ 0
No one	\$ 0	\$ 0
No one	\$ 0	\$ 0

7. State the persons who rely on you or your spouse for support.

Name [or, if a minor (i.e., underage), initials only]	Relationship	Age
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$ 0	\$ 0
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0	\$ 0
Home maintenance (repairs and upkeep)	\$ 0	\$ 0
Food	\$ 0	\$ 0
Clothing	\$ 0	\$ 0
Laundry and dry-cleaning	\$ 0	\$ 0
Medical and dental expenses	\$ 0	\$ 0

Transportation (not including motor vehicle payments)	\$ 0	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ 0	\$ 0
Life:	\$ 0	\$ 0
Health:	\$ 0	\$ 0
Motor vehicle:	\$ 0	\$ 0
Other:	\$ 0	\$ 0
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ 0	\$ 0
Installment payments		
Motor Vehicle:	\$ 0	\$ 0
Credit card (name):	\$ 0	\$ 0
Department store (name):	\$ 0	\$ 0
Other:	\$ 0	\$ 0
Alimony, maintenance, and support paid to others	\$ 0	\$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 0
Other (specify):	\$ 0	\$ 0
Total monthly expenses:	\$ 0	\$ 0

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes No If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? Yes No

If yes, how much? \$ 0

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

However I'm Currently, I'm Currently incarcerated and I don't have any funds to pay for the Appeal proceeding.

12. Identify the city and state of your legal residence.

City New York State New York

Your daytime phone number: N/A

Your age: 23 Your years of schooling: 12

Last four digits of your social-security number: 0909



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CLERK'S OFFICE
S.D.N.Y.

Appeals

MG



J. Philip Cashley A.A. & the Murray
Box# 995-170-1069
09-09 Hanover Street
East Hanover, NJ 07930

U.S. District Court
Clerk of Court
500 Pearl Street
N.Y.N.Y. 10007

legal mail